2	CHEDITIE B (EEC Form 2V)			_												
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		llee een	FOR LINE NUMBER: PAGE36295(O										66544			
			Use separate schedule(s) for each category of the				one)	_								
			Summary Page			21b	22		23	Ш	24	25		26		
			, ,			27	X 28a		28b	2	28c	29		30b		
Aı	ny information copied from such Reports and Statem	nents may	not be sold or us	ed by	any	perso	n for the	e pur	pose (of soli	citing o	contribu	tions	3		
or	for commercial purposes, other than using the nam	ne and add	lress of any politic	cal cor	nmit	tee to	solicit c	ontrik	outions	from	such (committ	ee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)															
	ActBlue															
/	NotBide															
	Full Name (Last, First, Middle Initial)															
Α.	SHERRIL BAILEY							of Di	sburse	ement						
								M M / D D / Y Y Y Y								
	Mailing Address 1216 MT VIEW BLVD								1	4	_;	2015				
	City	State	Zip Code				Tran	cact	ion ID	· CB1	20 A 26	6419905				
		WY	82301				IIaii	isaci	טו ווטו.	. 362	10A_Z0) 4 13303	,			
	Purpose of Disbursement				-											
	Contribution Refund			L .			Amou	nt of	Each	Disbu	ırsemei	nt this I	Perio	od		
	Candidate Name	Cat	egor	ry/						26	5.00					
					ype			_	7		7		5.00			
	Office Sought: House Disbursen															
	Senate	Primary	General				Refund of contribution, initially earmarked for									
	President	Other (spe	ecify) 🔻				_	_		-		ONAL C	AMF	PAIGN		
	State: District:						COMM	/11111	== (C0	200008	<i>j</i>					
В.	Full Name (Last, First, Middle Initial)															
	DIANE BAKER				Date of Disbursement											
							M I	M /	D	D /	Υ	ΥΥΥ	Υ			
	Mailing Address 183 ADMIRAL WAY						05		1	3		2015				
	,	State	Zip Code				Tran	sact	tion ID) : SB2	28A 24	1267646	6			
	COSTA MESA	CA	92627								_					
	Purpose of Disbursement Contribution Refund						A			Distric			.			
					Amount of Each Disbursement this Period											
	Candidate Name			Cate		ry/	11.						5.00			
	Office Occupies			T	ype				7	_	7					
		nent For:	2015													
		Primary	General									earmai				
		Other (spe	ecity) 🔻				COM					. CAMP.	AIGI	N		
	State: District:								(
	Full Name (Last, First, Middle Initial)						. .									
C.	DIANE BAKER							Date of Disbursement								
								05 13 2015								
	Mailing Address 183 ADMIRAL WAY							-	1	3	نسا	2015				
	City	Stata	Zin Codo													
	,	State CA	Zip Code 92627				Tran	sact	tion ID	: SB2	28A_24	1683424	ļ			
	Purpose of Disbursement		32021													
	Contribution Refund			Г.			A ma a	nt of	Fach	Diebi	14001000	nt this l	Dorio			
	Candidate Name				-	-	Amou	ni oi	Eacn	DISDU	ırsemei	iii iiis i	Penc	ou		
				Cate	egor ype		11.					5	5.00			
	Office Sought: House Disbursen	nent For:	2015		, he	-			7	_	7		_			
		Primary	General				Dofus	d of o	ootrib.		بالمناما		ادمط	for		
		Other (spe										earmar CAMP				
	State: District:	(5)	<i>></i> / ▼				COMM					<i>'</i>	٠.			
	SUBTOTAL of Disbursements This Page (optional)											35	.00			
-	Optional)		•••••					+	1	_	7		4			
7	TOTAL This Period (last page this line number only)						1 '									
									.00. =		(B) H	100				